

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 03 - 33	2. STATE: Minnesota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 08/01/03	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Section 433.36 (c) 1902(a)(18) and 1917(a) and (b) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ No Impact b. FFY 2004 \$ No Impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.17-A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.17-A, Page 1	
10. SUBJECT OF AMENDMENT: Expands the definition of estate, for Medical Assistance recovery purposes.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: // Mary B. Kennedy – signature //		16. RETURN TO: Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: September 24, 2003			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 24, 2003	18. DATE APPROVED: 12/23/03
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/01/2003	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Health
23. REMARKS:	

SEP 24 2003

DMCH - MI/MN/WI

STATE: MINNESOTA

Effective: 8/01/03

TN 03-33

Approved:

Supercedes: TN 95-34

Attachment 4.17-A

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LIENS AND ADJUSTMENTS OR RECOVERIES

1. *The state uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:*

The State requests verification from the attending physician of the institutionalized individual's status immediately preceding giving notice of the State's intent to file a real property lien.

2. *The following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR 433.36(f):*

The State uses the following criteria guidelines (this list is not inclusive):

- *written proof verifying the date the son or daughter moved into the home;
- *number of hours per day which the son or daughter provided on-site care, and personal care;
- *any part-time or full-time jobs held while providing care;
- *any schools or other similar institutions the son or daughter attended while providing care;
- *specifics regarding the type of care the son or daughter provided, i.e., nursing care, daily living care, homemaker services, transportation, financial, etc.;
- *any service agency, governmental or private, which provided care, the dates provided and the extent of the care provided;
- *letter from the attending physician of the institutionalized individual, stating what kind of care, and duration of care, that was needed to prevent medical institutionalization;
- *all other factors relevant to making the determination in a particular case.

3. *The State defines the terms below as follows:*

*estate – For enrollees deceased prior to August 1, 2003, estate is defined as used in Minnesota Statutes, Chapter 524, Uniform Probate Code. For enrollees who die on or after August 1, 2003, estate is defined as the probate estate under Minnesota Statutes, Chapter 524, together with all of the person's interests or proceeds from those interests in real property owned by the person as a life tenant or joint tenant with a right of survivorship at the time of death, and to the extent the following interests become part of the probate estate during the probate process, all interests or proceeds of those interests in securities owned by the person in beneficiary form and all interests in joint accounts, multiple party accounts and pay on death accounts or proceeds of those accounts.

*individual's home – An individual's home, for the purpose of the Medical Assistance lien, is real property in which the recipient has an ownership interest, and which the recipient occupied as a primary dwelling immediately prior to admission to a medical institution.

*equity interest in the home – Equity interest in the home means an ownership interest recognized under Minnesota law.

*residing in the home for at least one or two years on a continuous basis – Residing in the home on a continuous basis means the person occupies the home as his or her primary dwelling, and intends to continue to occupy such home for the indefinite future.